## **Shrewsbury Parks & Recreation Special Needs Program** 2005 BASKETBALL © FIRST PRACTICE IS SUNDAY, November 20th © SENIORS – 5-7 PM – Oak Middle School Gym (OVER 16 YRS.) (Will adjust times depending on size of teams for Seniors) ○ 1<sup>st</sup> PRACTICE WILL BE FROM 4-6PM STATE AND QUALIFER INFORMATION TO BE ANNOUNCED WATCH THE WEB SITE FOR UPDATES ON THE SCHEDULE AT: www. shrewsbury-ma.gov/parkrec/special.asp ALL COMPLETED REGISTRATION FORMS MUST BE RECEIVED BY NOVEMBER 20th. Registration forms can be dropped off at Town Hall before or brought to Practice on November 20, 2005 **MAIL REGISTRATION FORMS TO: Shrewsbury Parks & Recreation** 100 Maple Ave, Shrewsbury MA 01545 Special Needs Program 2005 Basketball Registration Form **Athlete Fee:** \$60 (Practice & Tournament) \$30 (Practice only) \_\_\_\_\_ Date of Birth \_\_\_\_ Name of Athlete: Name of Parent or Guardian (Athlete) \_\_\_\_\_ Emergency Contact Phone Number **You are registering as:** an **Athlete** a **Partner** a **Volunteer** (Check appropriate box) You will participate in practices only You will participate in practices, qualifiers & tournaments Address: \_\_\_\_\_ E-mail: Phone Number: Waiver: Participant or parent hereby states that he or she understands the physical nature of the activity as well as any risk involved, that the participant is accustomed to such activity or has consulted a physician as to the advisability of participation. Parent hereby consents to medical treatment for children listed above in the event of illness or injury. Please list any medical/allergies/special needs the staff should be aware of to make your participation a success. I understand the rules/policies stated above and agree to follow them accordingly.

IMPORTANT NOTE: PARENTS ARE RESPONSIBLE FOR SUPPLYING, OR ARRANGING FOR, TRANSPORTATION FOR THEIR ATHLETE TO QUALIFIERS AND WINTER GAMES (IN THE WORCESTER AREA)

Date:

Parent or Guardian Signature: